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ABSTRACT

One of a series of state profiles, this report describes the dimensions of the problems caused by alcohol, tobacco, and other drugs in Kansas and the public and private initiatives to reduce these problems. It highlights positive developments and identifies areas to be strengthened. Demographic characteristics, state agency organization, and state priorities are presented. The patterns of substance abuse in Kansas are presented using graphs to focus on smoking and drinking patterns among teens; use of illicit drugs is less common than in most states. Teen attitudes toward alcohol, tobacco, and marijuana as well as prevention strategies are addressed. Prevention programs across the state, including crime prevention and law enforcement programs, are described. Deaths from drunken driving are high. Health issues, costs, and changes in health policy are described; Kansas's new managed care system is intended to improve treatment access and outcomes while keeping costs low. The section "Looking to the Future" describes efforts to update and unify statewide prevention, treatment, and criminal justice programs. Recommendations are presented under the following sections: (1) "Statewide Leadership"; (2) "Gathering Data"; (3) "Prevention"; (4) "Tobacco Control"; (5) "Treatment for Juveniles"; (6) "Welfare to Work"; (7) "Criminal Justice." A list of resources are appended. (EMK)

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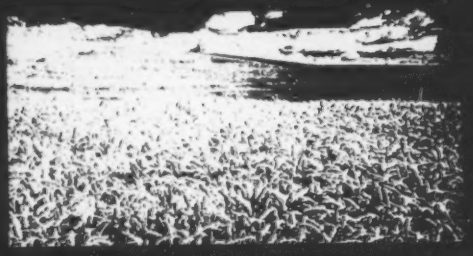

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Alcohol, Tobacco & Other Drugs

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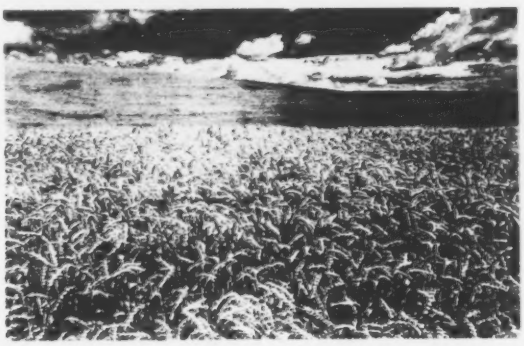
I. Introduction

This report is designed to inform the people of Kansas about the dimensions of the problems caused by alcohol, tobacco and other drugs, and about public and private initiatives to reduce these problems in the state. The intent is not to evaluate state efforts, but to highlight positive developments and identify areas to be strengthened. The report focuses on:

- use and abuse of alcohol, tobacco and other drugs;
- alcohol and other drug-related crime;
- impact on health;
- costs of substance use and abuse; and
- the Kansas response to these problems.

The *Kansas Profile* is one in a series of state profiles prepared by Drug Strategies, a non-profit research institute in Washington, D.C. dedicated to promoting more effective approaches to the nation's drug problems. Drug Strategies has also produced profiles of Arizona, California, Massachusetts, Ohio, rural Indiana and South Carolina. The *Kansas Profile* is supported by a grant from the Kansas Health Foundation.



In preparing this report, Drug Strategies worked with the Kansas Alcohol and Drug Abuse Services Commission; the Kansas Departments of Social and Rehabilitation Services, Corrections, Education, Health and Environment, and Juvenile Justice; the Kansas Commission on Mental Health and Developmental Disabilities; the Kansas Bureau of Investigation; the Kansas Sentencing Commission; the Kansas Family Partnership; the Kansas Smokeless Kids Initiative; and the University of Kansas Work Group on Health Promotion and Community Development. The Kansas Attorney General's Office and the U.S. Attorney's Office in Kansas were also consulted, as were experts in prevention, education, treatment, law enforcement and criminal justice across the state. A distinguished Advisory Panel guided the project. In addition, interviews with federal and state program officials, representatives from treatment and prevention programs, coalitions and community leaders helped provide a comprehensive picture of public and private initiatives. While we are grateful for the insight and wisdom of those who contributed, Drug Strategies is solely responsible for the content of this report.

Drug Strategies will distribute this profile broadly in Kansas to legislators, researchers, business leaders, private organizations, government agencies, educators, community groups and the media. We hope that it will increase public understanding of substance use and abuse in the state and generate political and financial support for more effective policies and programs.

II. Kansas **Profile**

The population of Kansas in 1998 is about 2.6 million people, according to estimates by the U.S. Bureau of the Census. Many Kansans are employed in manufacturing enterprises, such as aircraft equipment, industrial machinery and processed foods. Two in three Kansas residents live in urban areas, including the state's three largest cities, Wichita, Kansas City and Topeka. Overall, however, Kansas is not densely populated. Most western parts of the state have fewer than ten people per square mile. The rural Kansas economy is dominated by agriculture and related industries, including livestock.

In 1997, Caucasians made up 91 percent of the state population and African Americans 6 percent, while about 3 percent of residents were of Hispanic and Native American origin. African Americans and Hispanics are more concentrated in the state's urban areas, accounting for 16 percent of the population of Wichita and 36 percent of the population of Kansas City.

Agency Organization. The Kansas Alcohol and Drug Abuse Services Commission (ADAS) is the state's alcohol and other drug treatment and prevention agency, and is part of the Kansas Department of Social and Rehabilitation Services (SRS). SRS, one of twelve cabinet-level agencies in Kansas, oversees public welfare, mental health, substance abuse, children and family services, Medicaid and disability matters statewide.

ADAS manages 13 Regional Prevention Centers which implement prevention programs throughout Kansas. It also awards grants to five Regional Alcohol and Drug Assessment Centers that provide assessment, treatment referrals, and utilization reviews. The Kansas Commission on Mental Health and Developmental Disabilities, which is also under SRS, contracts with some 30 community mental health centers. Many of these centers provide substance abuse treatment for persons with both mental health and substance abuse disorders.

Additional cabinet-level agencies with responsibilities related to substance abuse include the Department of Corrections, which oversees treatment programs for state inmates and parolees; the State of Kansas Juvenile Justice Authority, which oversees programs and services for minors in the criminal justice system; and the Department of Health and Environment, which coordinates the state's tobacco control efforts and monitors HIV/AIDS data and vital statistics, such as alcohol and tobacco-related deaths. Other state agencies dealing with substance abuse include the Department of Education, which distributes the majority of Kansas' Safe and Drug-Free School and Communities funds; the Kansas Bureau of Investigation, a law enforcement agency which collects arrest data, including arrests for drug offenses and driving under the influence of alcohol (DUI) on local roads; the Kansas Highway Patrol, which collects data on drug seizures and DUI on state highways; and the Kansas Department of Revenue, which enforces tobacco and liquor law violations involving underage youth.

State Priorities. Since 1995, ADAS has made substantial changes in systems and strategies for delivering substance abuse prevention and treatment services. A major goal has been to become more data-driven in evaluating state needs, priorities and program outcomes. Other goals include creating uniform access to and delivery of services despite diverse needs across the state. In 1995, ADAS piloted a managed care program in the South Central Region for management of its public sector addiction treatment programs. The Kansas Foundation for Managed Care, Inc. was awarded the grant for the pilot, as well as the statewide program which followed in 1996.

In 1992, Kansas implemented the risk and protective factor framework of the community-based prevention plan called "Communities That Care" and has continued to use it in policy planning, evaluation and resource allocation. In 1994, the model was implemented statewide. Through collaborations with policy-makers, prevention experts, community leaders and citizens, this prevention initiative emphasizes strategies for strengthening protective factors, while reducing risk factors for alcohol and other drug use. Through its Regional Prevention Centers, ADAS builds county-level coalitions to implement the initiative locally. Communities That Care collects data for the twin purposes of assessing a community's needs and measuring program impact. For more details, see page 10.

Kansas is also part of several multi-state initiatives that address substance use and abuse. In fall 1997, Kansas became one of five states to a receive three-year, $9.3 million grant from the U.S. Center for Substance Abuse Prevention (CSAP) to develop effective prevention programming with outcomes that are replicable in other states. The Communities That Care Incentive Cooperation Agreement in Kansas is a partnership that includes the Governor's Office, SRS agencies, and Regional Prevention Centers. An Executive Advisory Committee guides this project, and reports directly to Governor Bill Graves.

Kansas is one of five Midwestern states with High Intensity Drug Trafficking Area (HIDTA) programs to counter recent surges in methamphetamine production and use. The HIDTAs are collaborations between state and federal agencies, including the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), and local law enforcement entities.

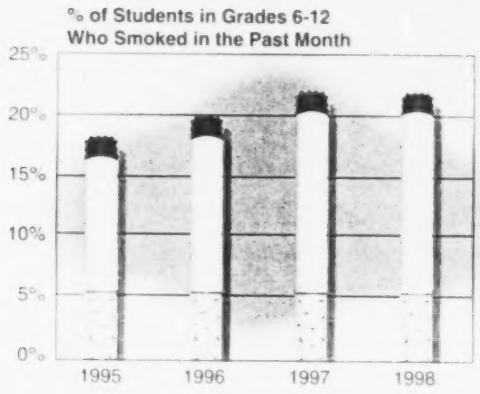
Enforcing laws against minors' access to tobacco is also a priority in Kansas. Compliance with the laws has improved in recent years as state agencies have collaborated on undercover monitoring activities, and sanctioning retailers who violate the laws.

III. Substance **Abuse** in Kansas

Patterns of alcohol, tobacco and other drug use in Kansas are distinct from national trends. Some problems, such as marijuana use among Kansas adults and youth, are less common than elsewhere in the nation. Others, such as alcohol and smokeless tobacco use among teens, are more common. Intensified prevention efforts in recent years are already having an effect in some areas; the age at which young people begin drinking and smoking is rising, and overall rates of use for alcohol, tobacco and other drugs fell in the most recent youth survey.

Tobacco. Youth under age 18 cannot legally purchase or possess cigarettes or other tobacco products in Kansas. Nevertheless, in 1998, one in three 12th graders and one in five 8th graders in Kansas reported smoking cigarettes in the past month; one in four 6th graders had tried cigarettes. While smoking rates among teens in Kansas are higher than national figures, rates no longer appear to be rising as they have in previous years. For instance, 6th grade smoking rates jumped 74 percent between 1995 and 1997, but dropped 19 percent in 1998. Similar decreases occurred for 8th and 10th graders; only 12th grade smoking rates increased slightly in 1998.

Smoking Rates No Longer Rising Among Kansas Youth



Kansas Communities That Care Student Survey, 1998

Smokeless tobacco use is more prevalent among Kansas youth than it is nationally. In 1997, 33 percent of Kansas 10th graders had tried smokeless tobacco, compared to 27 percent nationwide. Past month use of smokeless tobacco by Kansas 10th graders was also higher than the rate reported nationally (14 percent vs. 9 percent). However, in 1998, rates of smokeless tobacco use dropped for 6th, 8th and 10th graders in Kansas, with a 12 percent drop from 1996 figures for all grades combined.

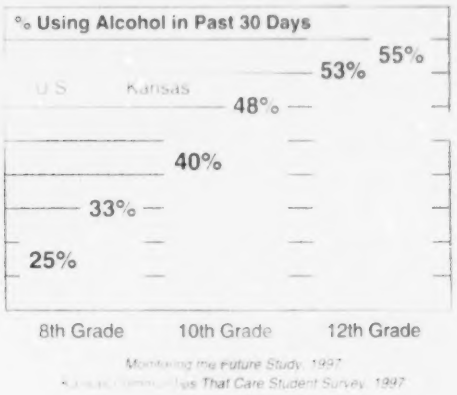
Kansas adults smoke cigarettes at a slightly higher rate than adults in the Midwest and across the country. In 1996, 31 percent of Kansas adults (33 percent of men and 29 percent of women) smoked cigarettes, compared to 29 percent of adults in the Midwest and nationwide.

Men dominate smokeless tobacco use in all parts of the country. However, adult men in Kansas use smokeless tobacco at rates far above the national average. In 1996, 44 percent of adult men in Kansas had tried smokeless tobacco, and 13 percent reported past month use—more than twice the national rate among men (6 percent).

Significant increases in excise taxes can reduce tobacco consumption, according to recent studies in Massachusetts and Canada. Kansas' cigarette tax last changed in 1985, when it rose from 16¢ to 24¢ per pack—well below the 1998 national average of 34¢. The Tobacco Free Kansas Coalition advocates tripling the cigarette tax to 74¢ per pack in order to reduce cigarette consumption. However, neighboring states, including Oklahoma, Missouri and Colorado, all have excise taxes below Kansas' rate, suggesting the need for a coordinated interstate strategy.

Alcohol. Youth drinking rates in Kansas are consistently above national averages. In 1997, 66 percent of 8th graders and 79 percent of 10th graders in Kansas had tried alcohol, compared to 54 percent and 72 percent nationwide, respectively. About half of 10th graders and 33 percent of 8th graders in Kansas reported drinking alcohol in the preceding month, compared to national rates of 40 percent and 25 percent, respectively. However, in 1998, after increasing in 1996 and 1997, past month alcohol use leveled off in Kansas, and dropped slightly among the youngest students. Among 12th graders, drinking rates have changed little since 1995.

Teen Drinking Starts Early in Kansas



Monitoring the Future Study, 1997
Communities That Care Student Survey, 1997

Binge drinking (having five or more drinks at a time in the past two weeks) has stopped rising among Kansas 6th and 8th graders, but continues to increase among older students. In 1998, 37 percent of 12th graders reported binge drinking, compared to 34 percent in 1997.

In 1996, about 52 percent of Kansas adults had used alcohol in the preceding month—the same as the national rate. Drinking is most common among young adults aged 18 to 25; 65 percent of Kansans in this age group reported past month use, compared to 60 percent nationally. Binge drinking is also consistent with the national average; it was reported by 14 percent of adults in Kansas in 1995, up from 10 percent in 1992. Once again, binge drinking was most common among young adult males, 49 percent of whom had binged in the preceding month compared to 30 percent nationwide.

Since 1979, Kansas has taxed individual drinks served in the state at 10 percent; since 1983, the state has taxed retail liquor and beer sales at 8 percent. Although these tax rates have remained unchanged, revenues increased 37 percent between 1990 and 1997, reflecting rising alcohol consumption. Just 2 percent of the $47 million collected in 1997 in combined state liquor taxes was used for substance abuse treatment programs. The remainder went to the state general fund and to county governments for general purposes.

Illicit Drugs. In general, Kansas youth are less likely to use illicit drugs than youth elsewhere. For example, in 1997, fewer 10th graders in Kansas had tried marijuana than their peers nationwide (34 percent vs. 42 percent). Furthermore, in 1998, marijuana use dropped for most teens in Kansas. Among 8th graders, for example, past month marijuana use rose from 7 percent in 1995 to nearly 11 percent in 1997, but fell to 9 percent in 1998. Similar trends are found for 6th and 10th graders. Only among 12th graders did past month marijuana use continue to increase in 1998, rising to 19 percent—a 28 percent increase over their 1995 rate.

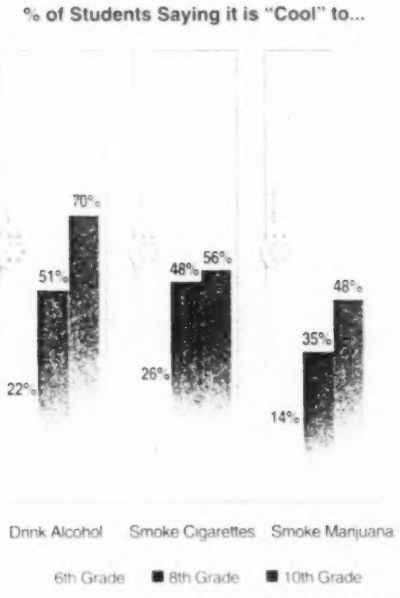
As with marijuana, LSD and cocaine use are less common among Kansas youth than among youth nationwide. For example, in 1997, 9 percent of 12th graders in Kansas had tried LSD, compared to 14 percent nationally. While the difference was less pronounced, cocaine use showed a similar pattern: 7 percent of Kansas 12th graders had tried cocaine compared to 9 percent of 12th graders nationally. These patterns held true at each grade level. However, overall rates of cocaine use are increasing among Kansas youth; in 1998, 5 percent of students in grades 6 through 12 had tried cocaine, compared to 3 percent in 1995. While more adults in Kansas have tried marijuana than adults nationally, Kansans are less likely to be regular users. In 1996, 40 percent of Kansas adults had tried marijuana, compared to 32 percent nationally. However, just 3 percent of adults in Kansas had used marijuana at least once in the preceding month compared to 7 percent nationwide. Young adults in Kansas (those aged 18 to 25) were also less likely to use have used marijuana in the preceding month (8 percent) than young adults nationwide (13 percent). In 1998, about 6 percent of Kansas youth reported having tried amphetamines, including 10 percent of 12th graders.

One in seven Kansas adults has tried an illegal drug other than marijuana; however, fewer than one in a hundred report current use. Adult rates of amphetamine use are not measured in Kansas surveys. However, increasing numbers of arrests and seizures, as well as growing reports of methamphetamine as a drug of choice in Kansas treatment programs, indicate that methamphetamine is a growing problem in Kansas, as it is throughout the Midwest.

Inhalants. With a large rural population, inhalants such as glue, paint and household cleaners are often easily accessible for youth in Kansas, and they represent a serious threat. Fumes from inhalants can cause permanent brain and lung damage or sudden death. Kansas adolescents engage in far more extensive use of inhalants than their peers across the country. More 6th and 8th graders have tried inhalants than marijuana in Kansas—an exception to national patterns in which inhalant use is lower than marijuana use. Among 8th graders, 21 percent had tried inhalants in 1998, while 17 percent had tried marijuana. In 1998, rates of past month use rose for students in nearly every grade in Kansas, but inhalant use is becoming especially common among the youngest students. Nearly 16 percent of Kansas 6th graders had tried inhalants in 1998, compared to 10 percent in 1996.

Attitudes and Perceptions. When young people perceive more risk and less social acceptance in using alcohol, tobacco and other drugs, rates of use often decrease. In 1998, 35 percent of 8th graders and 48 percent of 10th graders in Kansas said that they "would be seen as cool" if they smoked marijuana. Regular alcohol use was seen as "cool" by 70 percent of 10th and 12th graders, and half of 8th, 10th and 12th graders said smoking cigarettes was "cool." While social acceptance was somewhat less common in 1998 than in 1997 among Kansas teens, these attitudes are developing at an early age. For example, in 1998, 22 percent of 6th graders say that drinking alcohol is "cool," and 51 percent of 8th graders said so. Comparisons with national youth attitude data are not available due to differences in the survey questions.

Teen Attitudes Toward Alcohol, Tobacco and Marijuana



Kansas Communities That Care Student Survey, 1998

Age of Initiation. Recent research confirms that early alcohol and other drug use can predict future substance abuse or addiction. A 1998 report by the National Institute on Alcohol Abuse and Alcoholism found that drinking at younger ages increases the likelihood of later alcoholism. People who begin drinking before age 15 are four times more likely to develop alcoholism than those who start drinking at the legal age of 21. Moreover, the risk of later alcoholism drops 14 percent with each year that alcohol use is delayed. In Kansas, the age of first alcohol use does appear to be rising; in 1998, Kansas students said they were an average of 6 months older when they had their first drink than the students who were surveyed in 1995 (12.5 years vs. 12 years). Age of initiation is slowly rising for tobacco and marijuana as well.

Prevention. Some Kansas prevention efforts take place in school, while others are community-based. During the 1997-98 school year, virtually all of Kansas' 304 school districts had alcohol, tobacco and other drug prevention programs in the elementary and middle school grades. The Kansas Department of Education offers local school systems a wide range of options for classroom-based prevention programs; these include prevention curricula designed specifically for the Kansas schools as well as nationally marketed programs. Local school systems have considerable latitude in choosing among these options.

In Kansas, 70 percent of the federal Safe and Drug-Free Schools and Communities (SDFSC) funds that go to school districts are distributed according to the size of the student population. Allotments range from $300 in the smallest rural school district to $300,000 in Wichita. Small school districts often pool their resources in Education Service Centers, which then distribute programming from the combined funds to each school. For example, the Greenbush Education Service Center in Girard, Kansas purchases prevention materials for 50 small school districts with combined SDFSC funding exceeding $240,000 annually.

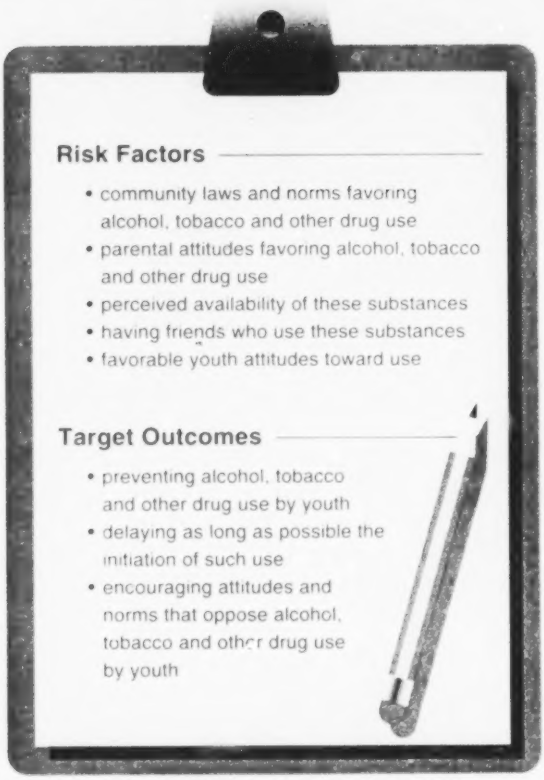
School districts are required to conduct evaluations of programs funded through this mechanism. The 1998-99 school year will serve as the baseline year for program evaluation. School districts will record data on students' use of alcohol, tobacco and other drugs, as well as violence, safety and discipline problems among students, and set measurable goals and objectives which relate to behavior and attitude changes. The goals and objectives must be approved by the Kansas State Department of Education, which collects data on the types of programs funded by SDFSC funds.

Many local schools are also spearheading community mobilization efforts. Bringing together Regional Prevention Resource Centers (RPCs) and after-school programs like Big Brothers/Big Sisters, they provide youth with a continuum of prevention programming.

In addition to school-based prevention, community efforts funded by ADAS are coordinated by the 13 RPCs. The University of Kansas Work Group on Health Promotion and Community Development provides technical assistance to groups starting local coalitions. The Communities That Care initiative has attracted nationwide interest. For more details, see page 10.

Funded by a three-year federal Center for Substance Abuse Prevention grant, ADAS conducts prevention needs assessment studies to measure state, regional and county level risk. These studies, which began in 1995, are coordinated by the Southeast Kansas Education Service Center, and include the annual Kansas Communities That Care Student Survey. ADAS also monitors 40 statistical indicators and has identified alcohol, tobacco and other drug use risk factors, as well as three target prevention outcomes. ADAS has funded Kansas University to provide technical assistance for this project.

Risk Factors and Target Outcomes


Risk Factors
• community laws and norms favoring alcohol, tobacco and other drug use
• parental attitudes favoring alcohol, tobacco and other drug use
• perceived availability of these substances
• having friends who use these substances
• favorable youth attitudes toward use
Target Outcomes
• preventing alcohol, tobacco and other drug use by youth
• delaying as long as possible the initiation of such use
• encouraging attitudes and norms that oppose alcohol, tobacco and other drug use by youth

Kansas Alcohol and Drug Abuse Services Commission, 1997

The Kansas Community Monitoring Outcome System documents changes in community programs, policies and practices that can impact long term prevention outcomes. ADAS funded the University of Kansas to provide this service statewide. The Southeast Kansas Educational Service Coordinator guides this effort with assistance from the university. Through the University of Kansas Work Group on Health Promotion and Community Development, the program is exploring applied research questions, such as teen pregnancy prevention strategies.

Kansas is also collaborating with other states on several projects. These include a six-state University of Washington needs assessment study and a four-state project led by Kansas to study community risk and protective factors. In 1997, Kansas was one of five states awarded a three-year federal grant to develop effective prevention programming that can be replicated in other states. Kansas is also participating in a five-year, seven-state University of Washington Diffusion Project funded by four federal agencies. The Southeast Kansas Education Center and the University of Kansas are directing the evaluation component of the program.

IMPACT (Initiative Mobilizing the Prevention and Control of Tobacco Use) is a federally-funded initiative administered by the Kansas Department of Health and Environment. Since 1993, IMPACT funds have helped provide technical assistance to communities developing wellness coalitions, including tobacco control efforts. Grants of up to $10,000 have been given to 24 coalitions in 45 Kansas counties since the program began. Other statewide tobacco control initiatives are described in detail on page 26.

Making A Difference

The Kansas Prevention Collaborative is a number of [illegible] that reflect innovation in prevention and [illegible] Panel. While the programs described are not an exhaustive list, they represent the diverse strategies, collaborations and designs implemented throughout Kansas. Whenever possible, highlights program evaluation based on [illegible] have demonstrated effectiveness in reducing alcohol, tobacco or other drug use.

Hays. Tiger by the Tale. Prevention messages can be packaged in many ways, including dramatized tales and stories performed by local college students. In 1991, Fort Hays State University began a peer theater program to educate students about alcohol, illicit drugs, safe sex and other health issues. The production, called Tiger by the Tale, involves university students who receive grants from the university to perform for Fort Hays students, local public schools and other colleges around the region. The President of Fort Hays State University suggested that the program be formed at the school to teach healthy lifestyle choices. Performances are free to Fort Hays students and area public schools, while other colleges are charged $250. The production troupe performs about 15 times a year and varies their message according to the audience. The Drug and Alcohol Wellness Network, which organizes the Tiger by the Tale performances, receives funding from local grants and from Ellis County alcohol tax dollars. To learn more about the program, call (785) 628-4218.

Statewide. [illegible] Communities. Across the country, communities are recognizing the need to identify local risk factors for youth substance abuse as well as protective factors that can help prevent these problems. Kansas has adopted the Communities That Care (CTC) program, developed at the University of Washington, to build risk and protective factors into community prevention strategies. Kansas CTC is a research-based, community mobilization model that involves educators, volunteers and the mass media in efforts to prevent adolescent alcohol and other drug use. ADAS Regional Prevention Centers recruit local leaders for Community Prevention Boards in each county, which develop strategies to monitor and counter risk factors and reinforce protective factors within the community. The Northwest Regional Prevention Center introduced CTC in 1996, and has since applied it in many areas. For instance, findings from student surveys help the county identify improvements as well as areas that need more focus. The approach has helped Community Prevention Boards identify local risk factors, such as community norms that favor alcohol use and the availability of alcohol and other drugs. By 1998, RPCs had established the CTC program in nearly all counties. The statewide project is funded by ADAS. To learn more about Communities That Care, contact a Regional Prevention Center, or call (785) 296-3925.

Making A Difference

Statewide. Project Freedom is an initiative to prevent alcohol, tobacco and other drug use among adolescents, which began in 1990 in Wichita. The strategy aims to strengthen community attitudes against substance use through local coalitions that mobilize residents to create meaningful change. In 1993, based on the success of this first project, the Kansas Health Foundation funded three replication sites, in Geary, Lawrence and Leavenworth counties. Geary, for example, is one of the poorest counties in the state and has student drug use rates which exceed the national average. Geary County's Project Freedom coalition (renamed School Community Special Projects) includes representatives from education, health, media, business, law enforcement and housing projects as well as Fort Riley, the local military base. Among its accomplishments, the coalition successfully reduced the hours of operation for businesses serving alcoholic beverages in Geary County and implemented an anti-tobacco program called Billboards Against Tobacco (BAT), encouraging advertisers not to sell billboard space to tobacco companies. The Geary coalition also offers after-school and summer activities, and a mentoring program for youth living in a housing project, which includes athletics and structured games. To contact the Geary site, call (785) 238-6184, ext. 211. To contact the Leavenworth site, call (913) 682-5118. To contact the Lawrence site, call (785) 842-5006.

Kansas City. In 1984, the Institute for Health Promotion and Disease Prevention at the University of Southern California created Project STAR. Part of the Midwestern Prevention Project, Project STAR prepares youth to face social challenges and stay drug-free by promoting drug education and social resistance skills. Project STAR is a classroom-based prevention program for grades 6 to 8 which has been used in public schools throughout the Greater Kansas City area. Trained instructors teach resistance skills through discussion and role plays. Evening sessions help parents reinforce these lessons at home. A 1994 national follow-up study of 5,500 students found that marijuana, alcohol and tobacco use were reduced by 20 to 40 percent 5 years after the program. A more recent 8-year follow-up indicated that rates of use continue to be lower among Project STAR students. Project STAR is estimated to cost $108 per family over 6 years. The program was originally funded by the Kauffman Foundation, but funding ended in 1997. The lack of funding has resulted in most schools discontinuing Project STAR, but a few school districts in Kansas have continued providing the program despite the added cost. For more information, call Project STAR's national office at (323) 865-0325.

IV. **Crime**

Over the last decade, Kansas has invested heavily in law enforcement strategies to reduce alcohol and other drug use and related crime, as well as sale of tobacco to minors. The 1990's have seen increasing drug seizures, arrests for drug offenses and stricter sentencing practices. Most criminal offenders in Kansas have significant substance abuse problems. As treatment services for criminal populations are evaluated, programs are evolving to meet the specific treatment needs of prisoners, parolees and probationers.

Arrests for Drug Offenses. In Kansas, arrests for drug offenses (possession and sale) increased 38 percent between 1990 and 1994, when there were 8,412 drug arrests. Although more recent arrest data are not available statewide, local statistics indicate that the upward trend has continued.[1] For example, in Garden City, drug arrests climbed 60 percent from 1996 to 1997. In 1997, Wichita experienced a 14 percent increase in adult drug arrests over 1993. (Marijuana possession accounted for almost 60 percent of the 3,419 adult drug arrests in Wichita in 1997.) Drug arrests are increasing in rural as well as urban areas in Kansas. For example, in 1997 there were 35 marijuana arrests in the small town of Liberal, compared to just 9 in 1990. Methamphetamine arrests are far less common, but are increasing. In 1996, for example, Topeka had 52 methamphetamine arrests—more than twice the number in 1990.

Drug arrests among juveniles in Kansas are climbing faster than they are among adults. In 1994, there were 936 juvenile drug arrests in the state—nearly twice the number in 1990. For youth aged 10 to 14, drug arrests tripled during this period. Again, local data indicate that these trends have continued in recent years. In 1997, Wichita reported 145 juvenile drug arrests—a 63 percent increase over 1993. Arrests for marijuana possession accounted for the largest portion of this increase, doubling (from 51 to 102) during this period.

Driving Under the Influence. Arrests for driving under the influence of alcohol (DUI) are declining in Kansas, as they are nationwide. The number of DUI arrests made by the Kansas Highway Patrol decreased from 4,090 in 1990 to 2,323 in 1996 (a 43 percent reduction). However, these figures do not include DUI arrests made by local law enforcement officials, for which records are unavailable.

In 1996, Kansas received a grade of "B+" in a national report card published by Mothers Against Drunk Driving (MADD), which evaluates DUI laws and policies across the country. In 1993, the state passed zero tolerance laws prohibiting persons under age 21 from driving with any measurable alcohol in the bloodstream. Kansas also requires use of ignition interlock devices to keep repeat DUI offenders from driving after drinking. In 1994, the state lowered the legal blood alcohol content (BAC) limit from .1 to .08, the level recommended by MADD; only 14 other states have enacted this limit.

[1] County law enforcement officials in Kansas report annual arrest data to the Kansas Bureau of Investigation (KBI) each year. Statewide figures beyond 1994 will not be available until the end of 1998, when renovation of the KBI's central database will be complete. However, 1996 or 1997 data are available from some counties; this report provides a few examples of local figures to illustrate more recent trends.

Crop Eradication. Marijuana grows wild in Kansas, a remnant of hemp cultivation for rope during World War II. In 1996, the Kansas Bureau of Investigation (KBI), the Kansas National Guard and other law enforcement agencies eradicated 184,000 marijuana plants (both wild and cultivated), compared to 13 million plants in 1991. The KBI attributes the dramatic decline to budget cutbacks, which have limited eradication efforts in recent years.

Drug Seizures. Kansas experienced increasing drug seizures during the 1990's—particularly seizures of marijuana and methamphetamine. Since 1993, the Kansas Highway Patrol has seized illegal drugs and drug paraphernalia valued at more than $180 million. Seizures in 1997 exceeded $42 million, including 18,000 pounds of marijuana and 58 pounds of methamphetamine, six times and ten times the amounts seized in 1993, respectively. In 1996, the DEA reported that among Midwestern states, only Missouri captured more clandestine methamphetamine labs than Kansas, where 37 labs were found. In contrast, cocaine seizures in Kansas dropped 79 percent from 1994 to 1996, when less than 400 pounds were seized.

The Kansas Highway Patrol attributes growth in marijuana and methamphetamine seizures to increasing supplies within the state as well as improved enforcement tactics. In 1988, the Kansas Highway Patrol began to train officers to be alert to signs of drug trafficking and drug use during routine traffic stops. While there are no specific data on the impact of these training efforts, officials from the Kansas Highway Patrol give this program partial credit for increases in drug seizures in recent years.

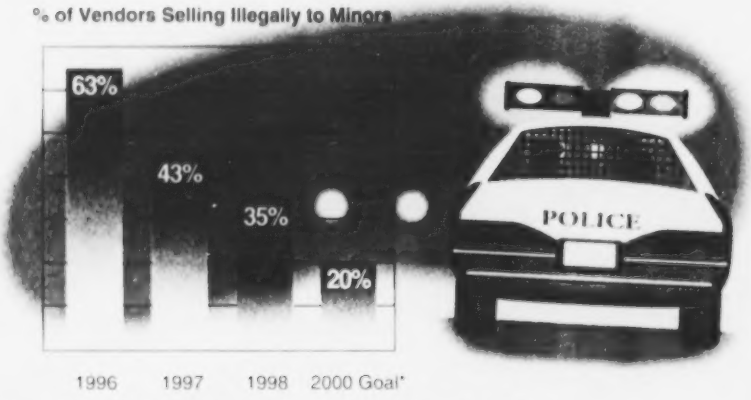
Federal task forces have also been added in Kansas City, Wichita and Garden City to target drug traffickers. The task forces combine local and federal efforts to combat drug trafficking on highways which are frequently used to transport drugs.

To counter the recent surge in methamphetamine production in the Midwest, in 1997 the U.S. Department of Justice created High Intensity Drug Trafficking Areas (HIDTAs) in five Midwestern states, including Kansas. HIDTAs involve collaboration among federal agencies, including the DEA and FBI, and state and local law enforcement agencies, such as the Kansas Bureau of Investigation, Kansas National Guard, and the Leavenworth Police Department. The project aims to reduce the sale and manufacture of methamphetamine in the Midwest, and includes expanded intelligence gathering, increased funding for task forces in areas with high methamphetamine activity, and more forensic laboratories for agencies involved in seizures. In addition, HIDTA programs use a special U.S. Attorney to prosecute methamphetamine arrestees. HIDTA also has a demand reduction component which is developing a statewide public awareness campaign on the consequences of methamphetamine and other drug use.

Tobacco Sales to Minors. Kansas has taken bold steps to restrict minors' access to cigarettes. In 1996, the state legislature began imposing fines of up to $1,000 on retailers selling tobacco products to youth, in addition to pre-existing penalties, such as license suspension and revocation. Also, in 1996, the Kansas Attorney General began to prosecute tobacco retailers for illegal sales to minors under the Consumer Protection Act. Cigarette vending machines must now be placed in areas that can be monitored at all times, and youth caught with tobacco products (or trying to obtain them) are subject to a $25 fine.

The Synar Amendment is a Federal law requiring states to reduce tobacco purchases by youth or risk losing substance abuse prevention and treatment dollars. Like many states, Kansas conducts "youth buys" in which minors pose as potential tobacco customers while law enforcement officials monitor their transactions. In 1998, just 35 percent of the monitored youth buys in Kansas were successful in purchasing cigarettes illegally, compared to 63 percent in 1996. Kansas and the federal government have set a goal of reducing the noncompliance rate to 20 percent by the year 2000.

Tobacco Buys Get Tougher for Kansas Youth



* Federal law requires states to reduce illegal tobacco purchases by youth to 20% by the year 2000 or risk losing substance abuse prevention and treatment dollars.

Kansas Alcohol and Drug Abuse Services Commission, 1997

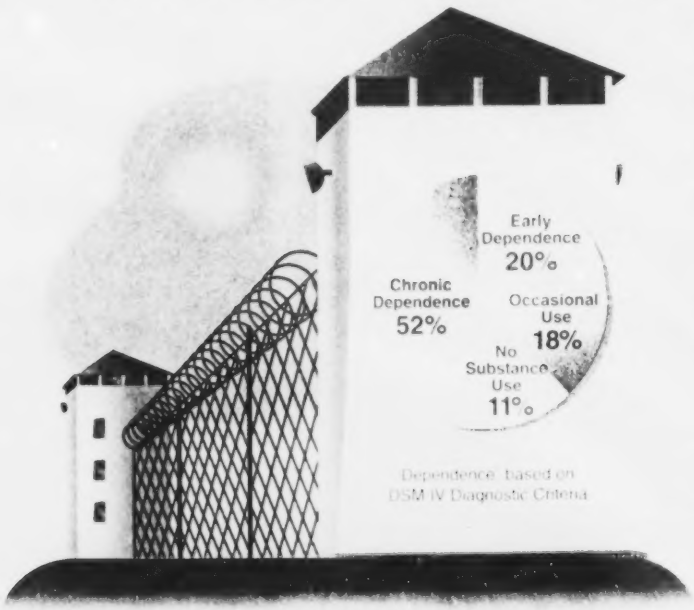
In 1998, the Kansas Department of Health and Environment began working with the U.S. Food and Drug Administration to provide statewide enforcement of federal regulations banning tobacco sales to minors. Kansas hopes to merge this new initiative with its existing Synar compliance checks, but currently the two systems are separate.

Sentencing Drug Offenders. In 1997, Kansas adopted comprehensive sentencing guidelines, giving judges more discretion in sentencing drug offenders, including a sentencing grid under which defendants are given points based on their prior criminal records and current convictions. Half of U.S. states have or are developing some form of sentencing guidelines. Under Kansas' guidelines, a sentence is based on the severity of the offense (as defined by statute) and the offender's criminal history. Kansas has a separate sentencing grid for drug offenders, who account for an increasing percentage of the Kansas prison population. In 1997, nearly one in five Kansas inmates was a drug offender, compared to one in eight in 1991. While the overall inmate population increased by one-third during this period, the number in prison for drug offenses nearly doubled, rising from 731 to 1,425.

Substance Abusers in Prison. Alcohol and other drug abuse among Kansas inmates is not limited to drug offenders. In a 1997 evaluation, the Kansas Department of Corrections (DOC) found that more than half (52 percent) of state prisoners were dependent on alcohol and other drugs, regardless of their offense; an additional 20 percent had signs of early dependence that significantly contributed to their legal, work and family problems. At least 5,600 inmates (72 percent of state prisoners) require substance abuse treatment.

Treatment for Criminals. Kansas prisons have implemented a broad range of alcohol and other drug treatment programs. DOC began offering treatment to inmates in 1986; programs lasting 6 to 12 months were made available to inmates serving at least 3-year sentences. Various treatment options are now available at specific facilities, including a 50-day intensive treatment program, a biofeedback program, a 7-week counseling program, and an 18-month therapeutic community which opened in 1997. More than 1,650 Kansas inmates received some form of substance abuse treatment in 1997—about 30 percent of those needing it. In contrast, just 18 percent of all federal and state inmates needing substance abuse treatment nationwide receive services.

Most Kansas Inmates Are Dependent on Alcohol and Other Drugs


Early Dependence 20%
Chronic Dependence 52%
Occasional Use 18%
No Substance Use 11%
Dependence based on DSM IV Diagnostic Criteria

Figures do not add to 100% due to rounding.
Kansas Department of Corrections, 1997

The effectiveness of these treatment programs is under constant scrutiny by DOC. Recidivism rates are the primary outcome measure, and are compared to rates for nonparticipants and program dropouts. While more Kansas prisoners receive substance abuse treatment than in many other correctional systems, treatment outcomes are inconsistent. Some programs have reduced criminal recidivism among participants by 22 percent, while others have not had a significant impact.

Research in prisons nationwide shows that the intensity and length of prison-based treatment programs and the availability of community aftercare are directly related to reduced recidivism rates. Nationally, prison-based therapeutic communities (TCs), such as the new program at the Lansing Correctional Facility, have been successful in achieving these goals, reducing recidivism by one-third to one-half. By mid-1998, this TC had 128 beds; outcome data will be available in 2000. DOC also plans to open a 64-bed TC at the Winfield facility in 1999.

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DOC also offers a range of substance abuse treatment services to parolees, including halfway houses, inpatient and outpatient programs. Mirror, Inc., a private treatment contractor in Wichita, offers 75 reintegration slots and 76 inpatient treatment slots for parolees, as well as outpatient counseling at several facilities in the state. No outcome evaluations are available for these programs, which served approximately 1,000 people in 1996.

Treatment for Juvenile Offenders. In 1996, Kansas legislators created the State of Kansas Juvenile Justice Authority (JJA) to handle violent youth in the criminal justice system. In the new structure, access to treatment and social services for juvenile offenders, wards of the court, and their families have been streamlined in an interdisciplinary approach. JJA provides services in juvenile correctional facilities and contracts with community providers who may provide a variety of services, including family treatment services. JJA has four state-run centers across Kansas, including the Larned Juvenile Correctional Facility, which houses a 20-bed residential substance abuse treatment program for youth.

[redacted] JJA has 29 community planning teams (one for each judicial district) that will make recommendations and refer juveniles to treatment providers contracted by ADAS; by mid-1999, each planning team will have a strategy to provide these and other juvenile services. To plan the types of services needed, the teams will use the risk and protective factors assessments already underway in local communities as part of the Kansas Communities That Care model.

Drug Court. Drug courts place nonviolent drug abusing offenders into intensive court-supervised treatment instead of prison. A drug court opened in Wichita in 1995. The program is open to nonviolent offenders who are addicted to illegal drugs, including those charged with petty theft as well as misdemeanor drug possession. The court supervises about 250 offenders annually. Participants are assessed a $277 court fee, as well as treatment costs, which range from $250 to $1,000 for outpatient care. Treatment lasts about a year, during which time participants must remain drug-free. The Wichita drug court has not been evaluated. Nationally, criminal recidivism among drug court graduates is about 4 percent, compared to 49 percent among drug offenders nationwide. The programs increase productivity and taxable income and reduce criminal justice costs. Although Wichita currently has the only drug court in Kansas, additional programs are under discussion among judges in other jurisdictions.

Making A Difference

Topeka. Three in four women in prison have children, and the majority of them are under 18. In 1993, the Shawnee Regional Prevention Center and the Kansas National Guard Demand Reduction Unit started a program to improve parenting skills among female inmates. Using *Preparing for the Drug Free Years* (a nationally recognized prevention program), facilitators teach inmates at the Topeka Correctional Facility to prevent drug use in the family, teach children refusal skills, and manage family conflict. By 1997, 266 incarcerated women had completed these classes. Of the 156 graduates, only 12 percent have returned to custody. This recidivism rate is much lower than the 44 percent average recidivism among women released from the facility. Twelve former inmates have also been certified as program facilitators. The Shawnee Regional Prevention Center is expanding the program to the mens facility in 1998. The program runs virtually without a budget; facilitators from the Regional Prevention Center volunteer their time. To contact the Shawnee Regional Prevention Center about the program, call (785) 266-8666.

Southeast Kansas. Truant youth are at greater risk of becoming delinquents as well as substance abusers. Pittsburgh State University started a program in 1983 to reduce the number of truants in Crawford county. The Truancy Diversion Counseling Program prevents further involvement in the juvenile justice system and improves school attendance. Juveniles are referred to the program by the local court after violating state truancy laws. Family therapy is used to involve the parents and siblings, many of whom have also had truancy problems. The program has improved communication and coordination of services from the court system to individual service providers through increased contact. An estimated 60 percent of participants go on to complete high school. About 130 youth participated in the program in 1997. The Truancy Diversion Program is funded by grants from Pittsburgh State University and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). For more information about the Truancy Diversion Program, call (316) 724-6281.

Kansas City. In June 1992, the Kansas City Housing Authority asked the city's Community Policing Unit for help in tackling drug-related problems in public housing complexes. Dilapidated units housed drug dealers and users, and attracted children, who would explore the dangerous, abandoned buildings after school. With funding from a HUD Drug Elimination grant, off-duty Kansas City police officers, employed as Housing Authority Security Officers, worked with the Grand View Manor Tenants Association to reduce drug dealing and violent crime. In the second year of police-tenant collaboration, crime decreased by 83 percent around the housing units. The Kansas City Police Department used Federal and city funds to develop a permanent community policing division in 1996. Officers are now assigned to nearly every district in the city. Officers work closely with residents to coordinate citizen watch groups and street marches. In response to persistent gang and drug-related problems, police have helped establish youth education programs, bicycle patrols and other interventions. To contact the Kansas City Police Department community policing program, call (913) 596-7020.

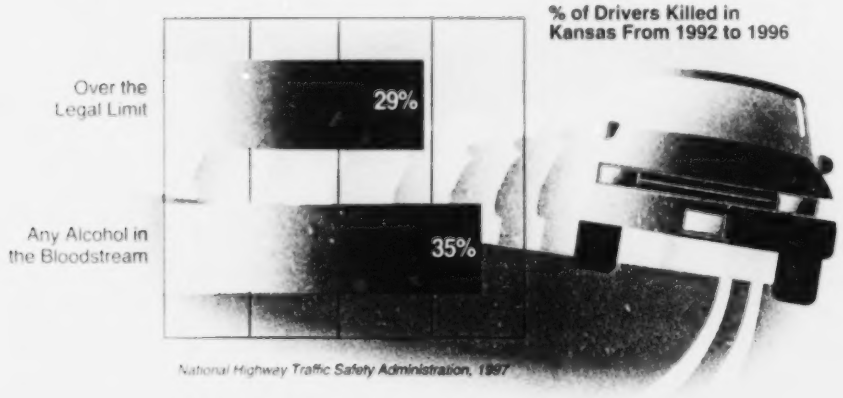
V. **Health** and Health **Policy**

Alcohol, tobacco and other drugs impair the health and well-being of individuals who use them, as well as those who do not, adding substantially to health care costs. Substance abuse plays a significant role in chronic illness and death, fatal car crashes, newborn health problems, and the spread of infectious diseases. Approximately 15,000 Kansas residents are in publicly-funded substance abuse treatment annually, primarily for alcohol abuse. Follow-up studies of clients in publicly-funded treatment show clear reductions in alcohol and other drug use and related problems. Kansas' new managed care system for substance abuse treatment and collaborations among state agencies promise to improve treatment access and outcomes while reducing costs.

Deaths from Substance Abuse. Alcohol, tobacco and other drug use contributes to the deaths of thousands of Kansans each year. Tobacco-related deaths comprise the largest portion; in 1996, cancers, and respiratory and cardiovascular diseases attributed to tobacco use caused more than 4,300 deaths in Kansas. Between 1991 and 1995, at least 438 people in Kansas died of alcohol-related diseases and another 305 people died from other drug-related causes, according to the U.S. Centers for Disease Control and Prevention (CDC). Noted on their death certificates were conditions such as alcoholic liver damage, cirrhosis of the liver, excessive blood alcohol levels and drug poisoning. Alcohol and other drug use were contributing factors in an additional unknown number of Kansas deaths in which the role of these substances was not specifically identified on death certificates. (Concerns about privacy—especially in small towns—may prevent many such deaths from being entered in the public record.) In addition, methamphetamine, an extremely lethal drug, is a growing problem in Kansas; it may be involved in overdose deaths that currently go undetected, since medical examiners do not screen for methamphetamine routinely.

Drivers Killed on Kansas Highways Are Often Drunk

The number of alcohol-related traffic fatalities in Kansas annually has fallen 10 percent since 1982. However, this decline is far less than the 28 percent drop nationwide during the same period. Moreover, alcohol-related traffic deaths in Kansas have increased recently. Between 1992 and 1996, the number of drivers killed in such accidents in Kansas rose 31 percent, while dropping 4 percent nationwide. Of the 1,472 drivers killed from 1992 to 1996 in Kansas, 35 percent tested positive for alcohol, and 29 percent had a blood alcohol content (BAC) of .10 or higher, which is well over the state's legal limit of .08.



National Highway Traffic Safety Administration, 1997

Welfare Reform. The Kansas Department of Social and Rehabilitation Services estimates that between 20 and 50 percent of state welfare recipients use illicit drugs. KanWork is the state's program to meet the requirements of federal welfare reform. In 1996, the Kansas legislature established a pilot program, which included alcohol and other drug use screening, assessment, treatment, and monitoring outcomes for eligible KanWork participants. The program was subsequently implemented statewide for KanWork participants receiving employment preparation services (EPS). EPS participants suspected of having alcohol or other drug problems are assessed by Regional Alcohol and Drug Assessment Centers (RADACs). The Kansas program imposes penalties for noncompliance with recommended treatment, including temporary or permanent loss of welfare benefits. Penalties can be imposed if the worker does not keep an assessment appointment, does not enter treatment within 30 days (if treatment is required), or does not complete the recommended treatment program.

During 1997, an average of 90 EPS participants were referred monthly for assessments at RADACs and recommended for treatment as necessary. Many who did not go into treatment left the welfare system; however, it is not known what portion of them left because they found work. KanWork officials remain concerned that those who refuse recommended treatment will be less able than others to maintain employment. In collaboration with Kansas State University, ADAS is evaluating long-term substance abuse and related outcomes for these "dropouts."

HIV and AIDS. With fewer than 2,000 cases of AIDS reported in Kansas since the early 1980's, the state has not experienced the epidemic seen in many other parts of the country. Although injection drug use accounts for 26 percent of AIDS cases nationwide, it accounts for only 8 percent of cases in Kansas. There is concern, however, that the number of HIV cases related to injection drug use may increase as injecting methamphetamine gains popularity. This concern suggests a need to coordinate substance abuse and HIV prevention efforts in areas where methamphetamine use is most prevalent, such as Kansas City and southwestern Kansas.

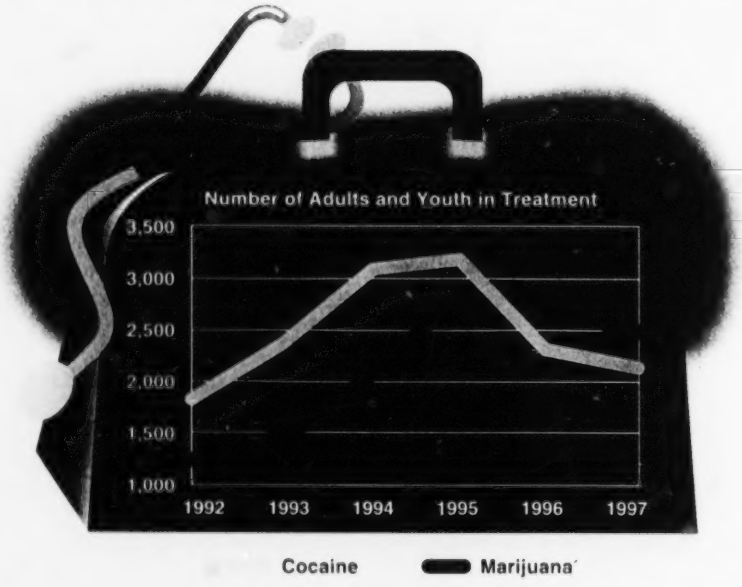
Managed Care Substance Abuse Treatment. In 1995, the Kansas Alcohol and Drug Abuse Services Commission (ADAS) adopted a managed care treatment system, separate from other public health care in the state. ADAS contracts with a non-profit managed care company which awards and monitors provider contracts. Prior to 1995, treatment providers designed programs for a specific level of care (e.g., outpatient) and received grants from ADAS to cover their costs. In contrast, treatment providers are now paid for treatment based on clients' actual utilization of services. Treatment funding is need-based, and authorization is required for payment.

Five Regional Alcohol and Drug Assessment Centers (RADACs) assess client treatment needs, make referrals to local programs, and approve continuing stay and discharge. RADACs use the Kansas Client Placement Criteria, which are based on guidelines from the American Society for Addiction Medicine. Separating the assessment and placement functions from the obligations to provide and pay for treatment ensures that assessment decisions are clinically-driven. The RADACs also have a centralized client database which allows placement decisions to respond to a client's treatment history. The RADAC staff travel around the state's 105 counties, visiting jails, hospitals, homeless shelters, SRS offices and youth homes to identify people needing substance abuse treatment. These efforts help improve treatment access in rural areas.

Treatment Eligibility. In 1995, while switching to managed care, ADAS tightened the eligibility requirements for publicly-funded substance abuse treatment. To be eligible, clients must be state residents with incomes lower than twice the federal poverty level ($3,478 per month for a family of four) and must not be eligible for other public treatment (such as programs for parolees and veterans). A sliding fee scale is available for clients with incomes above the cutoff. The new income requirements have shaped a treatment population that is poorer and increasingly difficult to treat. RADACs report seeing fewer clients from intact families, more homelessness and more chronic addiction.

Marijuana Overtakes Cocaine as Primary Treatment Challenge

In the first two years under the new managed care system, fewer people received publicly-funded substance abuse treatment. In 1997, more than 15,000 Kansans entered publicly-funded treatment for substance abuse—a 14 percent drop from 1995. This decline was true for all levels of care. ADAS attributes the decline almost entirely to the stricter eligibility requirements and improved assessment procedures, rather than to the managed care structure. Agency officials note that three groups of clients are now more likely to be excluded: transients and residents of other states; those who do not meet the income criteria; and those with access to some other kinds of treatment.



Kansas Alcohol and Drug Abuse Services Commission

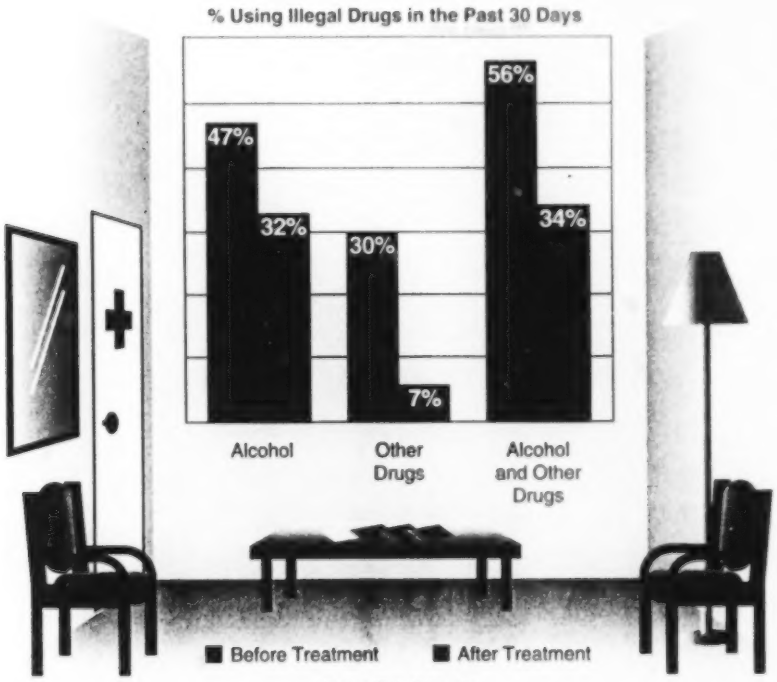
Treatment Services. Publicly-funded substance abuse treatment is provided by private contractors throughout the state. Services include outpatient, intensive outpatient, residential ("intermediate") and halfway house ("reintegration") programs. The state funds 38 residential beds for adolescents and another 70 for women with children. The state's remaining 424 residential treatment beds are used by reintegration programs, which serve the general treatment population, not just parolees. ADAS also provides outpatient detoxification, while inpatient detoxification is provided in state hospitals.

Alcohol is the drug of choice among clients entering treatment; nearly two-thirds of all public sector clients are treated for alcohol dependency. The number of clients reporting cocaine as their primary drug of abuse declined by one-third between 1995 and 1997. Marijuana recently surpassed cocaine as the drug of choice among treatment clients, reflecting the drug's surge in popularity and increasing potency. Although still relatively small in absolute numbers, the 672 methamphetamine clients in publicly-funded treatment in 1997 represented a seven-fold increase over 1992.

Treatment Outcomes. Research conducted by the School of Family Studies at Kansas State University has found significant treatment effects in Kansas. In 1995 and 1996, follow-up interviews conducted with 500 randomly selected public sector clients 6 to 8 months after they entered treatment showed clear reductions in alcohol and other drug use. Compared to the month before treatment, past 30-day alcohol use dropped 32 percent, past 30-day use of other drugs dropped 77 percent, and use of both alcohol and other drugs dropped 39 percent. The clients also had fewer medical problems, substantial improvement in employment status, fewer criminal justice problems, improved family and other interpersonal relationships, and far fewer psychological difficulties. Treatment outcomes over a longer follow-up period are not yet available.

Dual Diagnosis Clients. The Kansas Commission on Mental Health and Developmental Disabilities (MHDD) estimates that nearly one-third of patients seeking treatment for mental disorders at community centers also need substance abuse treatment, as do almost half of patients admitted into state mental hospitals. These patients frequently have numerous additional problems, including homelessness, unemployment and poor social functioning; they have become more visible in Kansas communities since 1996, when several state mental hospitals were closed. Among prison inmates, the strongest predictors of recidivism are mental illness and substance abuse; treatment access is all the more essential for those with comorbidity.

Outcomes Significant for Public Treatment Clients



Kansas State University, School of Family Studies and Human Services, 1997

The challenges of dual diagnosis are complicated in Kansas, as in many other states, by the fact that mental health and substance abuse treatment are administered by different state agencies with separate funding streams, professional orientations and areas of expertise. In 1997, ADAS and MHDD began a collaborative initiative to address the treatment needs of the dually-diagnosed and build a stronger continuum of care for all patients. The collaboration includes training for emergency room staff to identify patients exhibiting both mental health and substance abuse problems. A dual diagnosis pilot treatment program, jointly funded by ADAS and MHDD, started in July 1998 in the western part of the state.

Making A Difference

Lawrence. First Step House in Lawrence is a residential treatment program for women with substance abuse problems. It was founded in 1985 by a group of recovering women who felt that other women with substance abuse problems needed gender-specific treatment services and a safe place for themselves and their children. First Step House combines job training and educational classes from the University of Kansas with substance abuse treatment. Participants have part-time jobs and receive drug counseling when they are not working. Women live at First Step House an average of three months. While the state requires at least 10 hours of counseling per week, First Step House provides 35 hours per week. The program accepts pregnant, post-partum, and parenting women. First Step House has 15 beds for women and an additional 10 beds for children. In 1997, the program served 96 women. First Step is conducting a 6-month follow-up evaluation which began during 1998. The program is supported by state, city and county funds as well as private grants. To contact First Step House, call (785) 843-9262.

Larned. Sunrise is a residential and outpatient treatment provider serving alcohol and other drug addicted men with extensive histories of treatment and relapse. These clients typically have lost employment, family support and community ties. Since 1995, active community involvement by Sunrise clients has facilitated their recovery process and helped assuage the town's initial resistance to Sunrise's presence. Clients are expected to find jobs in the community. In this small, rural southwestern town, jobs are mainly in the agricultural and service sectors. Clients are also employed through Sunrise's catering service, which has a contract to supply meals for inmates at a local jail. Community activities, like softball games and drug-free celebrations, help make clients a part of the neighborhood. Participants are also involved in drug prevention initiatives, like Kansas Communities That Care. Since 1995, Sunrise has served 320 clients. The non-profit organization is supported by the state's managed care organization, client fees (for room and board), the catering business, and other sources. To learn more about Sunrise, call (316) 285-3462.

Statewide. The Kansas welfare system (KanWork) is becoming a gateway to substance abuse treatment and recovery as well as economic self-sufficiency. During a 1995 welfare-to-work program with Cessna aircraft, one in five KanWork recipients in Cessna's job training program failed drug screens. The experience inspired an Employment Preparation Services (EPS) collaboration to integrate the substance abuse treatment needs of welfare recipients into the state's income maintenance and employment services program. In 1998, the Kansas Forum on Alcohol and Other Drug Issues in Welfare Reform and Children and Family Services launched the effort. EPS tested a screening process which involved retraining EPS case managers, who are now expected to play an intervention role in the cycle of addiction. While there is no formal evaluation linking employment outcomes with assessment and treatment in Kansas, early results show significant increases in the number of individuals screened and referred for treatment (up to 19 percent of KanWork participants in some parts of the state). To learn more about KanWork, call (785) 296-0147.

VI. **Costs** of Substance **Abuse**

Alcohol, tobacco and other drug use in Kansas costs an estimated $1.3 billion annually. Costs include expenditures for substance abuse prevention and treatment; health care for alcohol, tobacco and other drug-related illnesses and infants exposed to these substances *in utero*; foster care and welfare expenditures for families impacted by addiction; alcohol and other drug-related traffic accidents; and criminal justice programs. The figures often do not include indirect costs, such as reduced productivity, lost wages and tax revenues, or property losses from drug-related crimes.

Prevention and Treatment Expenditures. For FY 1998, Kansas legislators allocated $22.4 million for alcohol and other drug treatment and prevention initiatives. Treatment programs received about $15 million and prevention programs about $6 million (administrative costs account for the remainder). About 47 percent of these funds came from the federal prevention and treatment block grant and 16 percent from other federal grants. The remaining funds were from state and local tax revenues.

In FY 1999, the Kansas Department of Education will distribute $2.25 million in Safe and Drug-Free Schools and Communities Block Grant funds to local school districts based on the student enrollment in public and private schools. An additional $963,000 will be given out through a competitive grant application process, with grants to school districts ranging from $30,000 to $167,675.

Tobacco. The U.S. Centers for Disease Control and Prevention (CDC) estimates the direct medical cost of smoking in Kansas in 1990 at $297 million. Indirect costs, such as lost productivity and lost wages, raise the estimate to $600 million. Since 1990, cigarette taxes have generated more than $52 million annually for the state General Fund. However, none of these revenues have gone toward prevention or treatment initiatives. In 1997, the Kansas Attorney General sued tobacco companies for repayment of health costs for treating tobacco-related illnesses. The suit also aims to eliminate tobacco marketing to children. In 1998, the state legislature designated 50 percent of all tobacco lawsuit settlement funds to children's health programs and services, including tobacco use prevention and cessation programs.

Infant Care. The cost of neonatal intensive care for low birth-weight newborns ranges from $25,000 to $35,000 per child. More than 6 percent of babies born in Kansas in 1996 were low birth-weight; while many of them had probably been exposed to alcohol, tobacco and/or other drugs before birth, the actual number is not known.

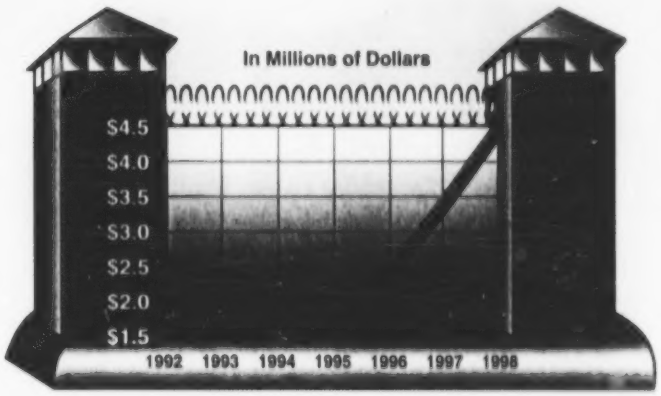
A single case of fetal alcohol syndrome (FAS) generates about $42,700 in health care expenditures. Based on national prevalence rates, an estimated 72 newborns in Kansas have FAS each year, with an annual cost exceeding $3 million.

Foster Care. Alcohol or other drug abuse is a factor among parents or guardians in 78 percent of foster care cases, according to the U.S. General Accounting Office (GAO). Kansas supported about 1,200 youth in foster care in an average month in 1996, with an estimated annual cost of $7,164 per child. Estimated expenditures for alcohol and other drug-related cases are $6.7 million annually.

Welfare. Kansas' welfare-to-work program, KanWork, serves approximately 8,300 state residents. Program administrators estimate that up to 19 percent of KanWork participants have alcohol or other drug abuse problems, with wide variation in estimates from the 12 KanWork sites across the state. The estimates are based on drug tests of KanWork participants; those testing positive in the initial screening are assessed and referred to treatment as necessary. Monthly welfare costs in Kansas (including child care, Medicaid and food stamps) are $814. Annual expenditures for participants with alcohol and other drug problems may be as high as $15 million.

Alcohol-related Traffic Accidents. Between 1992 and 1996, alcohol-related traffic accidents in Kansas rose 29 percent. In 1996, 201 of these accidents were fatal. Based on figures from the National Highway Traffic Safety Administration, direct and indirect costs related to these accidents exceeded $574 million. Kansas does not maintain records on non-fatal crashes involving alcohol, or the damage and injury costs they generate.

Prison Treatment Expenditures Increasing



Kansas Department of Corrections

Incarceration Costs for Drug Offenders. Since 1992, the Kansas Department of Corrections has spent $77.1 million on prison construction and renovations, compared to $19.2 million on prison treatment programs. In 1998, Kansas' correctional system budget is $202 million. Since drug offenders account for nearly one in five Kansas inmates, the state spends more than $25 million each year to incarcerate them (12 percent of the corrections budget). With 72 percent of the prison population needing substance abuse treatment, much of this money could be saved by placing nonviolent drug users in drug court programs. For example, about 540 of the nearly 1,425 drug offenders in Kansas prisons in 1997 were incarcerated for felony drug possession. Remanding nonviolent members of this group to drug court programs could save the state nearly $10 million annually in reduced corrections costs, while increasing the odds that these offenders will not return to custody. Expanding treatment programs for offenders could also significantly reduce recidivism rates.

Statewide. The Tobacco Free Kansas Coalition was formed in 1987 to develop a tobacco use reduction plan. The Tobacco Free Kansas Coalition developed four core goals for the year 2000. They include (1) reducing tobacco use by youth from 22 percent to 15 percent; (2) reducing public exposure to second-hand smoke; (3) increasing health professionals' involvement in tobacco cessation programs; and (4) developing a statewide clearinghouse and communications network for resources and programs for tobacco use prevention and cessation. Composed of representatives from state agencies, universities and private organizations, the Coalition introduced legislation in 1998 proposing a 50c cigarette tax increase in Kansas. Although the measure failed, the Coalition plans to bring the proposal back in 1999. The Coalition also lobbies in support of statewide legislation to toughen youth tobacco access laws.

The Kansas Departments of Revenue and Health and Environment have independent community outreach efforts related to tobacco control. However, both also collaborate with the Coalition to reduce youth smoking and increase general public awareness about the dangers of tobacco. A 1998 media campaign entitled "Protecting Kansas Children from Tobacco: It's Everybody's Business" will include television, print and radio ads throughout the state.

The Kansas Smokeless Kids Initiative (KSKI) also joined in the fight against tobacco. A member of the Tobacco Free Kansas Coalition, KSKI assists with the annual youth rally at the state capitol to show state representatives that they support tighter restrictions on tobacco use. KSKI also supports county-wide programs to establish policies that reduce youth tobacco use, including making school grounds and school activities smoke-free, promoting smoke-free businesses, and providing educational options for underage youth caught purchasing tobacco products. Both the Tobacco Free Kansas Coalition and Kansas Smokeless Kids Initiative receive support from the American Lung Association of Kansas (as lead agency for a Smokefree States grant from the Robert Wood Johnson Foundation and the Kansas Health Foundation). To contact either program, call (785) 272-8396.

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Making A Difference

Statewide. A 1996 survey of Sedgwick County showed that 40 percent of adult smokers had children at home. A year later, the Kansas Health Foundation began using poignant media messages on television and in print to inform county residents of the dangers of second-hand smoke. One television spot includes a young girl telling her mother that she loves her, but wishes she did not smoke. In another, an adult woman tells her father that while he is a wonderful grandfather, his smoking is harmful to her children. The solution to these problems: Take it Outside's $4 million, multi-media, tobacco campaign from the Kansas Health Foundation. Following its start in Sedgwick County in 1997, the campaign became a statewide effort with Governor Bill Graves adding a public service announcement. In addition to television ads, the campaign uses radio, newspaper and billboard advertising to convey its message. A survey by the Foundation showed a 19 percent increase in public awareness of the dangers of secondhand smoke from just before Take it Outside was introduced. For more information on the Take it Outside campaign, call the Kansas Health Foundation at (316) 262-7676.

Statewide. Community partnerships mobilize residents about substance abuse issues and relay messages on prevention and treatment for alcohol, tobacco and other drugs. The efforts of the Kansas Family Partnership (KFP) demonstrate how private groups can support these community activities. KFP is a statewide organization working in collaboration with Alcohol and Drug Abuse Services, Regional Prevention Centers and other agencies. Since its inception in 1992, KFP has sponsored numerous initiatives, including parent programming guides for minorities, a grandparents' supplement to *Preparing for the Drug-Free Years*, and coordination of the state's Red Ribbon Campaign. Statewide trainings known as Kansas Baseline and Teen Baseline allow participants to examine their beliefs about alcohol, tobacco and other drugs and learn about the consequences of use. In addition, the Kansas Family Partnership is offering its Preparing for the Drug-Free Years model to all correctional facilities in the state. KFP is an example of successful collaboration among agencies and funders. Originally developed by the Kansas Department of Social and Rehabilitation Services and the Kansas Department of Education, KFP is now a private non-profit entity, with funding from diverse institutions, including Alcohol and Drug Abuse Services, the Kansas Department of Corrections, the CSAP State Prevention Cooperative Aggreement and private donations. For more information, contact the Kansas Family Partnership at (785) 266-6161.

Statewide. In 1994, Kansas Alcohol and Drug Abuse Services formed a partnership with Dairy Queen to provide substance abuse prevention and treatment information at the company's local outlets throughout the state. Alcohol and Drug Abuse Services provides pamphlets and information on alcohol and other drugs for racks placed inside the Dairy Queen stores, which are seen by hundreds of thousands of Kansas residents each year. ADAS uses existing materials, and the many Dairy Queen locations are a good way for this important information to reach the public. To learn more about this public-private partnership, contact ADAS at (785) 296-3925.

VII. Looking to the **Future**

As Kansas communities plan for the future, much will depend on the recent efforts to update and unify statewide prevention, treatment and criminal justice programs. In years to come, state legislators and community leaders will study whether initiatives like Kansas Communities That Care improve outcomes related to alcohol, tobacco and other drug use. The effectiveness of substance abuse treatment services under managed care will also be scrutinized, as will outcomes from the Department of Corrections' new therapeutic community program and the new Juvenile Justice Authority Planning Teams. Some of these innovations have relied upon federal start-up funds; their long-term success and funding will depend on outcome evaluations which demonstrate their effectiveness to state legislators. Such evaluations will also help state and local leaders make well-informed choices as systems continue to evolve.

Statewide Leadership. In October 1998, Governor Bill Graves issued an executive order creating an interdisciplinary prevention council to provide statewide policy and program leadership on alcohol, tobacco and other drug issues. The Governor's Substance Abuse Prevention Council will keep these concerns in the public eye and on the legislative and political agenda, and facilitate collaboration among the various state agencies with substance abuse responsibilities.

Recommendation to the Governor's Substance Abuse Prevention Council:

- Establish measureable goals for individual agency efforts as well as collaborative initiatives. Examine the impact of statewide strategies in prevention, intervention and treatment, as well as law enforcement and corrections.

Gathering Data. Since the advent of managed care for substance abuse treatment, there has been a significant drop in the number of people served in public sector treatment programs. Lengths of stays in treatment have also decreased. Stricter eligibility requirements (which were implemented simultaneously) may have contributed to the drop in treatment utilization. Although people who do not meet eligibility criteria may continue to receive treatment on a sliding fee basis, the impact of such changes should be monitored closely.

Recommendations for ADAS:

- Study long-term outcomes for clients seeking publicly-funded treatment to determine the impact of the new managed care system on treatment access and effectiveness.
- Encourage Regional Prevention Centers and Local Prevention Boards to assess a broad range of personal, family and community risk factors related to alcohol, tobacco and other drug use.
- Provide technical assistance to help Community Prevention Boards interpret local data and apply the findings to local initiatives.

Prevention. There is considerable national interest in the Kansas Communities That Care (CTC) local prevention efforts. Kansas has identified five risk areas and ADAS targets three for its outcome measures, while local communities set their own goals. Community Prevention Boards, which are integral to this strategy, promise to foster local leadership and partnership; help create a foundation for sustained community involvement; and further the shared goals of numerous state agencies. In 1997, based on ADAS' success with the model, the new Juvenile Justice Authority adopted CTC for judicial district planning.

However, several challenges remain before the potential of CTC will be realized throughout Kansas. First, rural communities often experience difficulty sustaining citizen involvement. In small towns, program success may rest with a few dedicated citizens, rather than a team of partners for whom the programs offer mutual benefits. Initiatives may spring up in response to an acute crisis, but lose momentum once the crisis fades. Second, despite two years of regional planning meetings involving more than 1,400 Kansans, some counties have been slow to form Community Prevention Boards. Third, local challenges are diverse; individual Community Prevention Boards must adapt CTC for their own needs, rather than simply replicating what is being done elsewhere.

Recommendations for ADAS and Regional Prevention Centers:

- Use local substance abuse indicator data to educate local leaders about cost-effective programs. Articulate clear target goals that can be measured at the community level.
- Clarify the goals of the Communities That Care model at the local level and build grassroots support for its continued implementation statewide.
- Expand the reach of local initiatives to encompass broad systemic change, including workplace, treatment, prevention, criminal justice and public health, and educational partnerships.
- Provide Community Prevention Boards with sufficient resources, visibility and standards to produce these systemic changes.

Local school systems can choose from a wide range of classroom-based prevention programs, including curricula designed specifically for Kansas schools. Small school districts in Kansas have creatively combined limited resources to fund programs none could afford on their own. There are also ongoing efforts to evaluate programs and to combine in-school and after-school efforts to provide youth with a continuum of programming. Providing a consistent and continuous prevention message will strengthen all of these efforts, as will a renewed emphasis on long-term effectiveness.

Recommendations for the Department of Education:

- Encourage schools to choose research-based classroom prevention programs with proven track records. Assist schools in identifying such programs.
- Facilitate local collaboration between schools and Community Prevention Boards to ensure that in-school and after-school program curricula are complementary and comprehensive.
- Encourage schools to use indicator data to guide program choices at the local level.

Tobacco Control. The Tobacco Free Kansas Coalition and the Kansas Smokeless Kids Initiative provide valuable clearinghouse resources for tobacco use prevention programs, and have fostered clean indoor air, public education and enforcement efforts statewide. Compliance with youth tobacco access laws has also improved dramatically in recent years. Future prevention efforts which challenge youth perceptions and foster anti-tobacco norms can make dramatic changes in youth attitudes. Revenue from tobacco excise taxes could provide an excellent base for funding prevention programs.

Recommendations for the Department of Health and Environment:

- Build collaborative prevention programs with other state agencies, local school districts, Community Prevention Boards, health care professionals and volunteer health agencies.
- Build collaborative prevention programs with neighboring states which have lower tobacco excise taxes than Kansas.
- Combine Synar compliance checks with new statewide monitoring efforts to be conducted by the Department of Health and Environment.

Recommendation for State Legislators:

- Designate funds from tobacco excise tax revenues for tobacco use prevention programs aimed at youth.

Treatment Structure. In Kansas, as elsewhere, prevention and treatment services are delivered through diverse public and private systems. This can lead to fragmented services in which people may not receive needed care. A new collaboration between ADAS and the Kansas Commission on Mental Health and Developmental Disabilities (MHDD) to address dual diagnosis treatment needs will help reduce fragmentation in Kansas. Although 36 percent of substance abuse treatment in Kansas is provided through private health insurance or patient payments, many health insurance plans do not cover substance abuse treatment, and few cover a full continuum of care.

Recommendations for ADAS:

- Build collaborations to assure that clients with both substance abuse and mental health problems are thoroughly evaluated and referred to appropriate treatment.
- Collaboate with other agencies to evaluate alcohol and other drug use in families with domestic violence, child abuse and neglect. Implement a joint strategy to identify and refer people to treatment.
- Educate employers on treatment effectiveness and the cost-effectiveness of providing adequate insurance coverage to employees and their families.

Treatment for Juveniles. The State of Kansas Juvenile Justice Authority (JJA) oversees treatment resources for youth in the Kansas criminal justice system, many of whom use alcohol and other drugs. Making services available to youth before they begin to commit crimes is cost-effective. While rates of drug use are lower among Kansas youth than youth nationwide, their rates are rising. If this trend continues, the need for early intervention and treatment will become increasingly urgent.

Recommendations for State of Kansas Juvenile Justice Authority:

- Collaborate with ADAS to develop strategies for early intervention and treatment before a child has a criminal record.
- Encourage school systems to develop policies for identifying adolescent alcohol and other drug use that include referral to RADACs where appropriate.
- Develop mechanisms for sharing information with ADAS agencies so that assessment, placement and treatment decisions in both systems can have the benefit of a full treatment history.

Treatment Needs and Access. RADAC outreach programs screen clients and identify treatment needs in rural communities. For example, RADAC screeners travel throughout the counties to identify treatment needs. ADAS is also working with the Kansas Managed Care Organization to identify local resources, such as providers who can travel to rural communities. Nevertheless, rural communities face multiple treatment access challenges, including geographic distance, lack of public transportation, concerns about confidentiality, community prejudice, and inadequate support services. In addition, sparsely populated areas of the state often do not have clients in sufficient numbers to sustain local treatment programs.

Recommendations for ADAS and the Kansas Managed Care Organization:

- Build awareness in rural communities that substance abuse prevention, intervention and treatment operate along a continuum, and that intervention and treatment strengthen prevention efforts.
- Form outreach collaborations between RADACs and the RPCs to emphasize early identification and intervention.
- Broaden RADAC rural outreach efforts to include churches, rural primary health care centers, and other natural gathering places to identify treatment needs in the general population.
- Create incentives for community providers to build community outreach and transportation into their programs.
- Facilitate linkages between treatment delivery systems and the other rural social support agencies that refer clients to treatment or support those in recovery.

Welfare to Work. Implementing the substance abuse screening program has challenged welfare case workers to become more educated about substance abuse issues. Many KanWork participants who are referred for substance abuse treatment assessments do not choose to go into treatment; thus, they are forced to leave the welfare system. KanWork officials remain concerned that "dropouts" who do not get treatment will be less able than others to maintain employment. ADAS will be able to assess and compare long-term outcomes for SRS clients referred from other systems through a project with the Kansas State University, however no data are yet available.

Recommendations for the Department of Social and Rehabilitation Services:

- Monitor and compare long-term outcomes for welfare recipients who receive substance abuse treatment with those who do not.
- Use these findings to enhance training and education of welfare case workers on the relevance of alcohol and other drug abuse to case outcomes and the value of treatment.

Criminal Justice. Although the Kansas Highway Patrol recorded a recent drop in arrests for driving under the influence (DUI), these figures do not include DUI arrests made by local law enforcement officials, for which records are unavailable. Thus, the trends reported by the Highway Patrol are of limited use in tracking DUI trends or planning future prevention and enforcement strategies.

Recommendation for State and Local Law Enforcement Agencies:

- Develop an integrated system for monitoring DUI trends in Kansas.

In 1997, Kansas legislators revised the state's sentencing guidelines, giving judges more discretion in sentencing drug offenders, and more opportunities to send nonviolent drug offenders to probation rather than prison. However, even with the revisions, the Kansas Sentencing Commission projects an 18 percent increase in the number of drug offenders in prison by 2008, due to changing population demographics, increasing drug arrests, and criminal recidivism among nonviolent drug offenders. These projections may be altered if treatment access is expanded for offenders as well as for substance abusers outside the criminal justice system. Parolees with alcohol and other drug problems are at increased risk for relapse and continued criminal activity and ought to be a treatment priority. However, parolees referred to Department of Corrections treatment programs may wait two months for services, since they currently are not eligible for ADAS programs.

Kansas has a new prison-based therapeutic community program which includes key elements research has shown to be effective in reducing recidivism; the treatment is intensive and long (9 to 18 months), with aftercare to help offenders maintain treatment gains in the community. The challenge for the Department of Corrections will be implementing this new program while continuing to expand and improve its other treatment programs.

Recommendations for the Department of Corrections:

- Articulate a clear interagency strategy to meet the treatment needs of parolees and prisoners with short sentences (who are currently ineligible for prison-based treatment programs).
- Build a broad range of outcomes into future program evaluations. Collaborate with university researchers experienced in longitudinal outcome evaluations to facilitate these efforts and determine the cost-effectiveness of current treatment strategies.

Early intervention for criminally-involved youth and other mechanisms that open treatment doors provide valuable opportunities to reduce drug use and recidivism among nonviolent drug offenders. The Wichita drug court has made a strong start, and can serve as a model for other jurisdictions in the state.

Recommendations for State and Local Criminal Justice Agencies:

- Build bridges to state and local prevention and treatment agencies to create a continuum of services for youth.
- Compare long-term outcomes for drug court participants to a control group of non-participants, including rates of illicit drug use, employment, and criminal recidivism, as well as costs to society.

Recommendations for the State Supreme Court and Attorney General's Office:

- Expand drug courts to include additional jurisdictions, using the leverage of the criminal justice system to get more nonviolent offenders into drug treatment.
- Create drug courts for nonviolent felony drug possession offenders, who are increasing in numbers in Kansas prisons.

Kansas **Resources**

This appendix is a practical guide to some public and private agencies which address alcohol, tobacco and other drug problems in Kansas. Most of the resources described here are available statewide.

Kansas Action for Children, (785) 232-0550, in partnership with the University of Kansas, publishes the annual Kids Count Data Book. This report is part of a national effort to describe the well-being of children; it provides a county-by-county overview of 22 data indicators from diverse disciplines including economics, physical health and safety, education, emotional health, and social behavior.

Kansas Bureau of Investigation (KBI), (785) 296-8200, is the state's primary law enforcement division. The KBI collects data from the counties on drug arrests and seizures, and DUI on local roads (not state highways). It also has narcotics and gaming, intelligence and investigations divisions.

Kansas Commission on Alcohol and Drug Abuse Services (ADAS), (785) 296-3925, is a division within the Kansas Department of Social and Rehabilitation Services (SRS). ADAS funds substance abuse prevention and treatment programming throughout the state and administers the Communities That Care program. The system is being implemented at the local level by ADAS' Regional Prevention Centers (RPCs), which form Community Prevention Boards to help communities examine risk and protective factors. A list of RPCs in Kansas appears on page 35.

Kansas Commission on Mental Health and Developmental Disabilities, (785) 296- 3773, is a division within the Kansas Department of Social and Rehabilitative Services (SRS). The Commission has 32 local mental health centers providing treatment throughout the state. Several of these mental health centers also provide treatment for patients with both substance abuse and mental health problems.

Kansas Department of Corrections, (785) 296-3317, oversees all state prison inmates and parolees. Its Office of Programs and Staff Development, (795) 296-0460, operates the inmate and parolee substance abuse treatment programs, including therapeutic communities.

Kansas Department of Health and Environment (KDHE), (785) 296-1500, coordinates local and rural health services, water resources, and epidemiological data including trends in sexually transmitted diseases such as HIV/AIDS and tuberculosis. KDHE also gathers vital statistics on alcohol, tobacco and other drug use. Its Bureau of Disease Prevention and Health Promotion, (785) 296-1207, works with the Tobacco Free Kansas Coalition, (785) 272-8396, and other private groups to promote tobacco use prevention and control programs statewide. Its statewide IMPACT program also provides technical assistance to communities developing wellness coalitions, including tobacco control efforts.

Kansas Department of Revenue, (785) 296- 3909, provides information on alcohol and tobacco sales and excise taxes in Kansas. It also enforces state laws on tobacco and alcohol, excise taxes, and illegal sales to minors.

Kansas Department of Social and Rehabilitation Services (SRS), (785) 296-3271, oversees all welfare, family services, alcohol and other drug services, and mental health services in the state.

Kansas Family Partnership (KFP), (785) 266-6161, is a statewide prevention organization working with communities, private groups and state agencies. KFP maintains a toll free resource information line (1-800-206-7231) with details on programs and services for parents and youth. KFP also sponsors Red Ribbon week throughout the state, and through the Baseline Training Cadre trains adults and teens to examine their beliefs and behaviors related to alcohol, tobacco and other drugs, and provides prevention classes for parents. KFP publishes a quarterly newsletter entitled *Public Awareness*; it focusses on parent programming, regional activities, parent tips, legislative and advocacy issues, and resources related to alcohol, tobacco and other drug use prevention.

Kansas Health Foundation, (316) 262-7676, is a private philanthropic organization with a mission to improve the health of all Kansans. The Foundation funds grants in 6 primary areas: children, leadership, public health, rural health, health promotion and disease prevention, primary care education, and health policy and research. As one example of a recent program, in 1997, the Kansas Health Foundation launched a statewide $4 million secondhand smoke public health media campaign. The Campaign asked smokers to Take It Outside, using messages by children and those who care about them to illustrate the dangers of secondhand smoke. Project Freedom is another example of the Foundation's prevention initiatives.

Kansas Highway Patrol, (785) 296-6800, maintains safety on Kansas highways. The Highway Patrol collects data on drunk driving arrests, drug arrests and drug seizures on state highways.

Kansas Sentencing Commission, (785) 296-0923, is an informational resource on sentencing and numerous criminal justice topics, including the use of intermediate sanctions. The Commission publishes an annual report providing analysis of sentencing patterns under the sentencing guidelines. In 1997, the Commission's statewide sentencing database was expanded to include all felony probation sentences, facilitating more thorough monitoring of the sentencing practices.

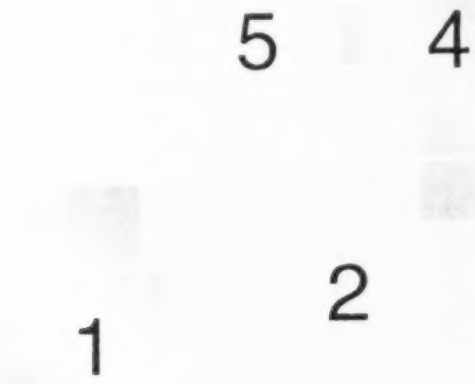
Regional Alcohol and Drug Assessment Centers (RADACs) screen potential substance abuse treatment clients. With the advent of managed care in Kansas in 1996, RADACs were created in five locations around the state to match clients with the proper level of treatment. RADACs determine financial eligibility, provide assessment of alcohol and other drug problems and refer clients to treatment programs close to their homes. A list of the RADACs is provided on page 35.

Southeast Kansas Education Service Center - Greenbush, (316) 724-6281, compiles data from the Communities That Care Student Survey in private and public schools statewide. The Service Center also maintains archives on a variety of data indicators, including health, crime and education.

Tobacco Free Kansas Coalition, (785) 272-8396, is an umbrella organization for many anti-tobacco initiatives around the state. The Coalition developed the Kansas Strategic Plan for Tobacco Use Prevention Control which sets the goals of reducing youth tobacco use and public exposure to environmental tobacco smoke; increasing health professional involvement in tobacco use prevention and cessation; and developing a statewide resource clearinghouse and program network for tobacco use prevention and cessation. The Kansas Smokeless Kids Initiative (KSKI), (785) 272-8396, helps staff Coalition activities, provides materials for Coalition mailings, and maintains organizational membership records and financial information. KSKI coordinates media coverage concerning the Coalition's efforts and activities. KSKI has helped organize several events in conjunction with the Coalition, including the annual SmokeFree Teens Are Rising (STAR) Rallies in Topeka, a youth-led anti-tobacco initiative.

University of Kansas Work Group on Health Promotion and Community Development at the University of Kansas, (785) 864-0533, aims to enhance community health and development through collaborative research, teaching and service. Work Group staff assist community partnerships in building capacities to address issues of local importance, including substance use and abuse, adolescent pregnancy, and urban development, and rural health. Web address: http://ctb.lsi.ukans.edu/wg/

Regional Alcohol and Drug Assessment Centers (RADACs) and Regional Prevention Centers (RPCs)



Region 1

Substance Abuse Assessment Center of Kansas, Inc.
Regional Alcohol and Drug Assessment Center
(316) 263-5917

South Central Kansas Regional Prevention Center - Newton (316) 283-6743

Wichita/Sedgwick Regional Prevention Center
(316) 262-2421

Region 2

Central Assessment Center of Southeast Kansas
Regional Alcohol and Drug Assessment Center
(316) 421-0559

Flint Hills Regional Prevention Center - Emporia
(316) 342-1177

Southeast Kansas Regional Prevention Center - Girard
(316) 724-6281

Region 3

Western Kansas Assessment Center
Regional Alcohol and Drug Assessment Center
(316) 225-3134

Northwest Kansas Regional Prevention Center - Colby
(785) 462-8152

Northwest Kansas Regional Prevention Center - Hays
(785) 625-5521

Southwest Kansas Regional Prevention Center - Garden City (316) 276-9624

South Central Kansas Regional Prevention Center - Salina
(785) 825-6289

Region 4

Heartland Regional Alcohol and Drug Assessment Center
(913) 281-7950

Wyandotte Regional Prevention Center - Kansas City
(913) 596-9685

East Central Kansas Regional Prevention Center - Lawrence (785) 841-4138

JO/LV/MI Regional Prevention Center - Mission
(913) 362-1990

Region 5

Heartland Regional Alcohol and Drug Assessment Center
(913) 281-7950

Northeast Kansas Regional Prevention Center - Manhattan
(785) 587-4372

Shawnee Regional Prevention Center - Topeka
(785) 266-8666

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Drug Strategies

Drug Strategies promotes more effective approaches to the nation's drug problems and supports private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.

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